

jc836 U.S. PTO  
09/658134  
09/06/00

| ISSUE CLASSIFICATION |          |
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| Class                | Subclass |
|                      |          |

**PATENT NUMBER**

## U.S. UTILITY Patent Application

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| <p>②</p> <p>O.I.P.E.</p> <p>SCANNED <u>51</u> Q.A. <u>LR</u></p> | <p>PATENT DATE</p> |
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|                              |                 |              |                   |                          |                                  |
|------------------------------|-----------------|--------------|-------------------|--------------------------|----------------------------------|
| APPLICATION NO.<br>09/658134 | CONT/PRIOR<br>F | CLASS<br>379 | SUBCLASS<br>88.27 | ART UNIT<br>2642<br>2645 | EXAMINER<br>GANTHER<br>ESC/PLATE |
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## APPLICANTS

Tae Yoon

**3711**

Voice mail service system for a private switching system

PTO-2040  
12/89

| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
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| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>   |             |            | <b>CLAIMS ALLOWED</b>             |                      |
|   | Sheets Drwg.  | Figs. Drwg. | Print Fig. | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____<br>(Assistant Examiner) (Date)                                |             |            | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br><br>_____<br><br>_____ | _____<br><br><br><br><br><br><br>_____<br>(Primary Examiner) (Date) |             |            | <b>ISSUE FEE</b>                  |                      |
|   |   |             |            | Amount Due                        | Date Paid            |
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